Reset Form

FORM	Statement of		
DR-SFA	Organization		
(Rev. 04/2009)	"Paid For By"		
For Office Use Or Comm. # Indexed Audited	75 35 and		

2014 MAY 21 PM 12: 24

FOR INSTRUCTIONS SEE BACK OF FORM

This Form to be filed for each:

I am filing this form to use the shorter "paid for by" attribution. T filed prior to the distribution or posting of the political material.	he committee will not be crossing the \$750 threshold.* This form must be						
☐ Amended form updating any previously filed information including Date of Election and Year Standing for Election,							
*If the committee crosses the threshold, a DR-1 Statement of Organization expenditures, or incurring indebtedness exceeding \$750. In addition, the co	must be filed within 10 days of the committee's accepting contributions, making ommittee will be required to file campaign disclosure reports.						
COMMITTEE NAME + + (A candidate's committee must include the	e candidate's last name in the name of the committee						
COMMITTEE NAME $\downarrow \downarrow$ (A candidate's committee must include the candidate's last name in the name of the committee). Re-elect Bob Duff Supervisor							
IMPORTANT: Indicate type of committee you are registering for: 5 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)(5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision PAC (11) Local Bal	:)Statewide PAC (3)State Party (4)County Central Committee Political Subdivision Candidate (8)County PAC (9)City PAC llot issue (including committee involved in multiple city/county ballot issues)						
COMMITTEE CHAIR (mandatory for all committees except a candidate's committee)	CANDIDATE (mandatory except for a non-candidate committee)						
Name Robert Duff	Name C. Duff						
Malling Address + 1	Malling Address ↓ ↓ 922 N 3rd Ave						
CHVmState, rowa 50Zi93Code + +	City State 1 10 2 50273 P Code 1 1						
Phone (515) 468-0682 Phone (515) 468-0682							
e-Mail bob@coveredbridgerealtyinc.com	e-Mail bob@coveredbridgerealtyinc.com						
INDICATE PURPOSE OF COMMITTEE - Check One Box Add Comment or description:	vocate for/against candidate(s) Advocate for bellot issue(s) Advocate against ballot issue(s)						
All Candidates Enter: Office Sought: County Supervisor	County/Local Candidates and All Other Committees Enter:						
Political Party (if applicable) Republican	County: Madison (If active in multiple ballot issue elections, attach list of counties or enter "statewide")						
District:	Date of Election: 11-4-14						
Year Standing for Election: 2014	- COUNTY						

STATEMENT OF AFFIRMATION: By filling this document the committee affirms the following:

- 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- 2. That lows Code section 68A.405 and rules 351-4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- 3. That lowa Code section 68A 503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot
- 4. That if the committee exceeds \$750 in campaign activity, a DR-1 Statement of Organization must be filed within 10 days and the committee is required to file campaign disclosure reports.
- 6. That this form is filed prior to the distribution or posting of political material requiring the "paid for by" attribution.
- 6. A new form or amended form is required to be filed for each subsequent election that I am involved.

Robert C	2 1041	
Signature of Candidate, (OR, for all other committees, Chairperson	-

5	121	114		
1	1	De	ate Signed	